## MULTIPLE DEPENDENT CLAIM FEE CALCULAT SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/50723 APPLICANT(S)

FILING DATE

**AFTER** 2 MAMENDMENT

DEP.

IND.

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1 AMENDMENT	
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PTO - 1360 (REV. 11/04)

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